



**SIU Carbondale Head Start
Fall 2020 Learning Plan**

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Introduction

The health and safety of children, families, and staff is important to SIU Carbondale. If it is deemed safe to do so, Head Start at SIU intends to begin the 2020-21 program year for children on **September 8, 2020**. If the region remains in Phase 4 of the Governor’s Recovery Plan (GRP), children will attend remotely on Mondays and in-person at centers Tuesday through Friday and an option for fully remote enrollment will be offered to families. The plan will be re-evaluated on October 30, 2020.

CENTER-BASED OPTION

Program options. 190 enrolled children will receive remote instruction on Monday and in-person instruction Tuesday through Friday at each of the program’s four sites:

1. Carbondale Center (CD): 1900 N. Illinois Ave.
2. John A. Logan Center (JL): 700 College Dr.
3. Marion Center (MN): 907 N. Vicksburg St.
4. Murphysboro Center (MB): 593 Ava Rd.

Enrollment slots will be predominantly 7.5-hour (full) days. A limited number of part-day sessions will be available for families. The table below details the number of slots available for each enrollment option at the program’s four centers:

CENTER	7.5-hour (full-day)	3.5-hour (morning)	3-hour (afternoon)	Remote Only
CD	60	10	10	65
JL	20	0	0	14
MN	30	10	10	44
MB	20	10	10	24
	130	30	30	147

Full-day sessions will be held either at 8 am-3:30 pm or 9 am-4:30 pm. The staggered start times will help prevent child exposure to other children and adults outside of his or her classroom. Morning only sessions will be held from 8:00 am-11:30, and afternoon only sessions from 12:30 pm-3:30 pm. A half-hour has been allocated at the end of each day to allow teachers to clean and sanitize the classrooms (*see COVID Policy and Procedure 7 for details*).

Class size. To start the program year, class size will be limited to 10 children with two teachers and an assigned floater. Additional children may be added as deemed safe and appropriate in phases four and five of the GRP (*see COVID Policy and Procedure 2 for details*). In the event that the region experiences increased positivity rates and reverts to phase three of the GRP, class size will be capped at ten (per DCFS) and the program will continue following the procedures described in this document.

Remote day. Each Monday that is not a designated holiday will be considered a remote learning day, and instruction and support will be delivered through the website/application [Class Tag](#). For those parents who do not have technology to access ClassTag, a paper copy of the

lesson plan activities will be sent home on the previous Friday. Teachers will provide two 20-minute segments of live instruction and post curriculum activities and resources to support child development (*see Remote Learning Plan for details*). **If the region is required to follow guidance for phase two of the GRP or if the regional data indicates that closure of child care facilities is mandatory, instruction will be delivered on a fully remote basis for all enrollment slots.**

Technology and Learning Materials. Children will be supplied with materials necessary to complete activities at home. Each enrolled child will receive a preliminary packet of materials during intake day or meal delivery days, or sent home in the child’s backpack. After implementing the initial study, teachers will begin to post the list of materials necessary for the following week in Class Tag and survey parents regarding their need. Parents who indicate that an item is needed will have the materials sent home with the children in their backpacks each Friday. If parents do not indicate item(s) are needed, none will be sent home. Families with limited access to technological resources (devices, internet) will be able to complete lessons with children and document this on the in-kind sheet accompanying the homework packet. If a family has wireless access but no device, they should speak with the Center Director about applying for a device (android tablet) from the program.

Attendance. To receive the greatest possible benefit, children are expected to attend every day that they are illness free. Head Start guidelines define a “chronically absent” child as missing more than 10% of a school year (16 days for the entire year). For our purposes, a child may be transferred to the remote only option or waitlist in any of the circumstances below:

- a) The child misses four consecutive days of school without contacting the center or responding to communication from the center.
- b) Attendance percentage drops below 50%.
- c) The child has missed a total of 16 days.

Parents should contact their assigned Community Worker or Center Director to address barriers preventing child attendance. The program will make every effort to provide the support necessary for regular child attendance (*See COVID Policy and Procedure 14 for details*).

Meals. Tuesday through Friday, the program will serve full-day children breakfast, lunch, and snack; part-day morning children breakfast and snack; and part-day afternoon children lunch and snack. On Fridays, prepared meals (breakfast, lunch, and snack) will be sent home with children for Monday’s remote learning day. Parents should tend to the food as soon as the child is received from bus or center; most items sent home will be non-perishable, but milk will be included and will need to be immediately refrigerated (*see COVID Policy and Procedure 14 for details*).

Health and Mental Health Support. Center-based children and families will receive the on-site comprehensive health and mental health services as follows:

- Hearing and Vision screening will be conducted on site within 45 days of the child's enrollment. Results will be sent home to parents and any concerns detected will receive follow up by the assigned Community Worker.
- Height and Weight Assessments will be completed by the program's Health Consultant or a member of the Health Services staff. The child's body mass index (BMI) and any recommendations for increase or decrease of BMI will be sent home to parents.
- Dental screenings and fluoride varnish will be performed on site by the SIU Dental Hygiene program on Wednesday, October 21st, 2020 at the Carbondale center, Wednesday, October 28th, 2020 at the Murphysboro center, and Wednesday, November 4th, 2020 at the Marion center (John A. Logan children will be bussed over that morning for their dental exams). Students must have a signed permission slip to receive this free service.
- Mental Health Consultants will be available for staff, children, and families as needed. One-on-one consultations with employees or parents can be conducted via telephone or Zoom and are to be arranged through the Child Development Coordinator. Any needs for support should be communicated by completing and submitting a Mental Health Request to the Child Development Coordinator.

FULLY-REMOTE OPTION

Program Option. 147 children will receive fully-remote services including child development, health, nutrition, and family support. A parent may enroll a child in the fully-remote option based on choice or until a spot opens in the center-based option. Parents must be sure to communicate the desire to transfer to the center-based option to the assigned Community Worker or Center Director if that's the case.

Child Development. Each child will be assigned a teacher who will be responsible for providing instruction, support, and corresponding activities to be completed at home. Remote learning will follow the standard curriculum but will be modified to a home setting and implemented primarily by the parent with teacher support. Teachers will review the curriculum for the day and make adaptations to the activities. Teachers will provide two segments of live instruction and post related activities and resources to support child development on Class Tag daily. After each live session, the teacher will be available to talk to parents and provide any needed support.

Technology and Learning Materials. Each enrolled child will receive a preliminary packet of materials during intake day or meal delivery days. After the initial curriculum, children will be supplied with materials necessary to complete the weekly lessons that will be distributed on Mondays with weekly meals. Other arrangements to obtain materials can be made with the family's assigned Community Worker. Each week, teachers will post the list of materials necessary for the following week in Class Tag. Parents are to indicate items that they need, which will be distributed with food deliver on Mondays. **If parents do not indicate item(s) are needed, none will be distributed.**

Families may select to complete lessons online or through weekly learning packets that would also be delivered or picked up each Monday in coordination with meal distribution. Families with limited access to technological resources (devices, internet) will be able to complete the lessons with children and document this on the in-kind sheet accompanying the homework packet. If a family has wireless access but no device, they should speak with the Center Director about applying for a device (android tablet) from the program.

Family Support. The teacher will provide regular support in implementing the learning activities through scheduled bi-weekly meetings. The teacher will assist families in understanding the material and provide suggestions to individualize learning based on the needs of the child and family. Families will also be assigned a Community Worker who will assist the families in goal setting and accessing community resources. The Community Worker will contact families on a weekly basis via the family's preferred method of communication.

Attendance. Although children in the fully-remote option do not physically attend, attendance will be tracked and monitored through parent/child engagement in Class Tag. It is critical that children receive daily instruction and develop structured routines necessary for school readiness. Daily attendance/engagement is defined as:

- Posting a comment in regards to an activity after completion
- Participating in a live learning session
- Sending child feedback to school along with signed in-kind (paper packet learning)

The same attendance/absence procedures will be in place for remote and center-based children. If the family is experiencing difficulty in accessing or completing the materials with their child, they should reach out for the remote teacher or their Community Worker for assistance. A child in the fully-remote option may be transferred to the wait list in any of the circumstances below:

- a) There is four consecutive days of no attendance (as defined above) without contacting the teacher or responding to communication from the center.
- b) There is no documentation of a completed assignment for a total of 16 days.

Meals. Meals will be provided through drive up or contactless delivery services each Monday for fully-remote children (with the exception of the first week of school, which will be delivered on other days). Five days of breakfast, snack, and lunch items will be delivered at a mutually agreed spot at the child's home by Head Start bus drivers starting at 1 pm each Monday. Families who would like food delivery must sign a consent form to receive services. Drive up food distribution will start at 1 pm (*see COVID Policy and Procedure 15 for details*).

Health and Mental Health Support. Fully-remote children will have the opportunity to complete important health screenings prior to the start of the school year through the program's Intake Day. This will be the only day that children and families will be asked to come to the center. The number of persons allowed into the facility on this day will be restricted, and each family will have an appointment time.

For families living in Jackson County, the Intake Day will be on September 1, 2020 at the Carbondale Center (1900 N. Illinois Ave) from 9 am until 3 pm. In Williamson County, Intake Day will be held on September 8, 2020 at Carterville City Hall from 9 am until 3 pm. At Intake Day, children will receive the following services:

- Hearing and Vision screening
- Height and Weight Assessments
- Physicals performed by pediatrician's office (if necessary)

Additional services will include:

- Developmental Screenings
- Learning Materials Distribution
- Document Drop Off and Verification of Enrollment

A dental screening is required within 90 days of enrollment. Fully-remote children may elect to participate in the free dental screening and fluoride varnish clinic through SIU Dental Hygiene scheduled for the following dates:

- Wednesday, October 21st at Carbondale Center
- Wednesday, October 28th at Murphysboro
- Wednesday, November 3rd at Marion Center

If you have a concern related to mental health, your Center Director can arrange an online or telephone-based meeting with one of the program's Mental Health Consultants.

PLACEMENT

Returning children will be prioritized for placement in any option. If there is more demand for the center-based slots than availability, then placement decisions will be made by the highest number of selection points. Families may opt for the center-based and request a transfer to fully-remote through their Center Director (and vice versa).

- Families who have notified center staff of their intent to return will be prioritized for enrollment in either remote or in-person learning.
- If more families wish to return than there are available enrollment spots, children will be selected based on selection criteria points as well as any other circumstances.
- New children will be selected for enrollment once all returning children have been placed.
- Enrollment of new children will be based on selection criteria points.
- Classroom placement will be done by the center director with the guidance of the Child Development Coordinator.
- Any changes to a child's placement once the program year has started will be done through an ERSEA Service Request form.

FAMILY ENGAGEMENT

Although family members cannot access facilities during this time, the program will continue to engage parents remotely to include them in their child's educational process. This is not optimal, but we must continue to communicate effectively with the available tools until we can meet in person again.

Parent Orientation. Every parent will complete a Parent Orientation with their Center Director or Community Worker via Class Tag, zoom, telephone or the best method determined by the family before the child begins the program. An orientation folder will be sent home prior to the virtual meeting so that parents will have the necessary documents to review. Parents will be contacted by a Community Worker/Center Director/ or FCP staff to complete the Parent Orientation process via zoom, telephone or the best method determined.

Family Assessment. In the fall, parents will be asked to schedule a parent contact with their assigned Community Worker through Class Tag or by calling the center. The meeting will be conducted via telephone, zoom, or the family's preferred method of communication. During the parent contact visit, the Community Worker will conduct the family assessment/partnership (goal setting), and work with the parents to co-construct goals for the program year and determine any needs that can be addressed through community resources.

Parent Meetings. The initial parent meetings, where Policy Council members are elected and monthly meeting dates set, will be held via Zoom or phone. You will be invited to attend via Class Tag when the meeting will occur.

The dates for the first meeting are as follows.

Carbondale Center:	Tuesday, September 15 th at 10 am and 5:30 pm
John A. Logan Center:	Wednesday, September 16 th 10 am and 5:30 pm
Marion Center:	Thursday, September 15 th 10:00 am and 5:30 pm
Murphysboro Center:	Thursday, September 17 th at 10:30 am and 6 pm

Policy Council. Policy Council Meetings will continue to be held the third Monday of the month at 6 p.m. Until further notice, the meetings will be held via zoom. Parents at each center will elect their representatives to the Policy Council at the first parent meeting.

Parent Teacher Contacts. Before the first day of school, teachers will contact parents (via phone or zoom) to complete an initial contact. During this meeting, the teacher will follow the parent contact procedure regarding required topics. Documentation of the contact will be completed by the teacher and submitted to the Child Development Coordinator for review.

Parent Teacher Conferences will be completed in November. Procedures regarding safety will be completed and released by late October.

Parent Café. We are launching Quarterly Virtual Parent Cafés this program year. These are parent-to-parent, topic driven, and safe meeting spaces for parents and caregivers. The meetings will be held via zoom or phone. You will be invited to attend via Class Tag when the meetings will occur.

Male Involvement. All men involved in the lives of SIU Carbondale Head Start children have the opportunity to significantly influence children’s development and well-being. The program encourages fathers and significant males to enhance their relationship with their children and families through interaction in virtual Head Start activities. SIU Carbondale Head Start celebrates and enhances the male parenting role by:

- Encouraging responsible fathering/male role modeling
- Creating opportunities for individual and group involvement and leadership
- Helping children and men relate and connect

Male Advisory Panel Meetings will occur via zoom or phone in the fall and spring. The Male Involvement Survey is included in the Parent Orientation portfolio. Fathers and father-figures play an important part in the success of our program.

DISABILITIES SERVICES

The program will continue to serve children with a documented or suspected disability for both center-based and fully-remote children. The screening and referral processes are used to identify children with suspected disabilities. The Disability Specialist will work with both the families and school districts in the referral process. Because some school districts are engaging in fully-remote instruction, there may be a delay in the child receiving in-person services. Children with an existing Individualized Education Plan (IEP) will receive mandated services as feasible with the district providing that service.

Accommodations will be made in Head Start classrooms, regardless of school district accessibility, to provide the best possible learning environment for each child and their abilities.

DUAL LANGUAGE LEARNERS

Children and families who are dual language learners will receive support through the following means:

- **Interpreters.** The program employs interpreters who can assist classroom teachers in communicating with parents via telephone and Class Tag.
- **Translations.** Documents can be translated into the preferred language of families by the program’s translation staff. Both center-based and fully-remote families may choose the language in which ClassTag is received. All communication through ClassTag will automatically translated.

COVID POLICY AND PROCEDURE 1: Use of Personal Protective Equipment in Centers

IMPLEMENTATION RESPONSIBILITY: Health/Nutrition Coordinator/Center Directors

MONITORING RESPONSIBILITY: Program Director

POLICY

In response to the COVID-19 global pandemic, SIU Carbondale Start will require all employees and children to use Personal Protective Equipment (PPE) per instructions from the Illinois Department of Public Health, the Centers for Disease Control, DCFS, and Office of Head Start when in SIU-owned facilities or grounds (*407.Subpart K(A)*).

PROCEDURE

I. Supplies

1. PPE, including masks, disposable gloves, smocks, and hand sanitizer must be kept on hand at all times by the Health and Nutrition Coordinator (HNC) for emergency purposes. The HNC will monitor the expiration dates on a monthly basis and replace as needed.
2. In the case of a specific pandemic, such as CV-19, the HNC will immediately upon the outset of the disease contact local, national, and regional resources to obtain a sufficient supply of PPE for staff and families.
3. If centers are open or re-open during the pandemic, the HNC will deliver sufficient PPE to each center for initial inventory (See Appendix B), which will consist of but is not limited to (*407.Subpart K(A)(2)(a)*):
 - a. Cloth face masks for both adults and children (two per child and staff member)
 - b. Hand Sanitizer
 - c. Disposable latex gloves
 - d. Smocks, as requested
 - e. Face shields, as requested
1. PPE will be stored in each center's storage area (*(407.Subpart K.(A)(2)(b)*):
 - a. Carbondale Center: Carbondale Storage Room-108A
 - b. John A. Logan Center: Teacher Break Room
 - c. Marion Center: Supply Closet/work room
 - d. Murphysboro Center: Supply Closet
4. The Center Directors are responsible for distributing the PPE to classroom teachers and support staff and monitoring supply levels. A Supply Request Form (See Appendix C) for additional supplies should be submitted to the HNC well before any item becomes critically low, given the possibility of extended wait times for delivery and shortages.
5. The HNC and Health Specialist (HS) will create a small PPE station at the entry to each facility, which will contain masks for visitors, gloves, hand sanitizer, and a Thermoscan thermometer to screen parents and visitors before gaining entry to the facility on limited occasions. Because this type of thermometer is touchless, it will not require disinfecting after each use, but will be disinfected between users and at the end of each day. It will be

the Center Director's responsibility to monitor that the PPE station has sufficient materials and communicate any needs to the HNC.

II. Use of Masks

1. Because SIU Carbondale Head Start serves children older than two years of age, all children will wear face masks to the extent practicable except when eating, playing outdoors, and napping. A parent or teacher may request an exclusion by submitting a written request to the Health and Nutrition Coordinator, who will approve or deny the request based on the evidence and reason provided and document in the program's data management system. Per *407.Subpart K.(E)(2)*, exceptions to use of a face mask include, but are not limited to:
 - a. Children who cannot safely and appropriately wear, remove, and tolerate face coverings;
 - b. Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
 - c. Children with severe cognitive or respiratory impairments that have a hard time tolerating a face covering;
 - d. Children for whom the only option for a face covering presents a potential choking or strangulation hazard;
 - e. Children who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely.
2. When children are received, each will receive a laundered new mask to wear for the day. Upon leaving the bus or center each day, the mask will be collected and laundered. Masks are laundered in the warmest water appropriate for mask fabrics and dried in the highest heat setting (per CDC).
3. "Use of masks" is defined as a mask covering the mouth and nose.
4. Mask use will be monitored by the teachers and the Center Directors.
5. All staff members will wear masks when in Head Start facilities. The University is providing SIU-themed face masks in a bag labeled with each employee's name. At centers, the Center Director should distribute staff masks and log which employees received a mask, including date and time. At admin, masks will be distributed by the HNC. If a documented health condition prevents a staff member from wearing a mask, this documentation should be provided to University Human Resources for review and approval.
6. Parent and visitor access to facilities will be limited, but those who do enter the building will be required to wear a face mask and will not be allowed entry into classrooms. Parents who refuse to do so will be referred to the Program Director for consultation.

III. Use of Gloves

1. Each classroom and bathroom will have disposable gloves available for the purposes of touching food, bodily fluids, and first aid implementation during the course of the day.

2. Disposable gloves are not to replace regular hand washing or sanitizing per the program's original hand hygiene procedure.
3. Gloves should be disposed after use and not to be re-used.
4. After using gloves, staff will be required to wash their hands.

IV. Use of Smocks

1. Employees may request two SIU-themed smocks for use over clothing while working with children.
2. If an employee does choose to wear a smock, the following practices must be followed:
 - a. Smocks will be stored on designated hooks that clearly separate each smock.
 - b. For teachers and floaters, the hooks will be located in classrooms.
 - c. For bus personnel, the hooks will be located in the parent room.
 - d. For all other personnel, the hooks will be located in their work area.
3. Smocks will be washed by support staff two times per week—Wednesdays and Fridays.

V. Use of Hand Sanitizer

1. Every classroom and every work area will have access to hand sanitizer pumps. Additionally, the University is supplying individual bottles of hand sanitizer for each employee and supplies to refill as needed.
2. When arriving to work each day, employees are expected to wash hands and may choose to apply hand sanitizer. Hand sanitizer may not take the place of hand washing.
3. Hand sanitizer should never be applied independently by a child. See COVID Policy and Procedure 6(4) for detailed procedure.

VI. Use of Face Shields

1. Face shields are not required; however, employees who wish to use a face shield may request one from the HNC.
2. At this time, face shields may not replace the use of masks, so if a face shield is requested, both the mask and face shield must be work simultaneously.

COVID POLICY AND PROCEDURE 2: Child Grouping to Control Contagious Disease

IMPLEMENTATION RESPONSIBILITY: Education Coordinator/Center Directors

MONITORING RESPONSIBILITY: Program Director

POLICY

In response to pandemic or other highly contagious disease, SIU Carbondale Head Start will limit the number of children in centers and classrooms per guidance from DCFS and other local health resources.

PROCEDURE

1. Per *407.Subpart K.(B)(2)*, each classroom will begin the school year with no more than 10 children with two teachers (See Appendix D: Staffing Plan). Additional children (up to 15 per classroom) may be added as deemed appropriate per DCFS. Child placements are determined by the Center Director and ECD staff. Children should always be kept with the same teachers, including during meal, snack, rest, and play. (*407.Subpart K(B)(1)(a)*). Children should not be placed in a different classroom or in a situation in which intermingling with children from other classes is possible (*407.Subpart K(F)(9)*).
2. Furthermore, using a cohort model, half of the children in each classroom should be assigned to one teacher and half to the other teacher. The teachers should strive to work closely with their assigned children but should not prevent children from playing with other children in the classroom (*407.Subpart K(B)(3)(a)*).
3. A designated floater will support two assigned classrooms and only these classrooms. This floater may not access other classes unless necessary (*407.Subpart K(B)(3)(a)*).
4. In cases where a teacher is ill and must be absent, a qualified substitute will be placed in the classroom (See Attachment E: Substitute List). Every effort should be made to place substitutes in the same classroom (*407.Subpart K(B)(3)(c)*).
5. When a child is introduced to the classroom as a new enrollment, a transition process as described below must be followed.
 - a. When an enrollment slot becomes available, the Center Director completes an ERSEA Form and submits to the Enrollment Specialist.
 - b. The Enrollment Specialist reviews the program's wait list and selects a health approved child for enrollment.
 - c. If the parent accepts the slot, FCSW is responsible to review the program's re-opening plan and precautions for child attendance.
 - d. The child will be assigned to the teacher of the dropped child.
 - e. The teacher will provide individualized support to the new child to ensure the child becomes accustomed to the routines and expectations of the classroom, especially focusing on safety practices.

COVID POLICY AND PROCEDURE 3: Daily Health Screening

IMPLEMENTATION RESPONSIBILITY: Center Directors

MONITORING RESPONSIBILITY: HNC Coordinator

POLICY

In response to pandemic or other highly contagious disease, SIU Carbondale Head Start will screen employees, children, parents, and other visitors daily for symptoms of disease per directive from DCFS, the University, and local health departments. Any child or employee suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with persons suspected of having or diagnosed with COVID-19 will be excluded until the local health department provides documentation of a negative COVID-19 test.

PROCEDURE

I. Employees

1. An indoor screening area will be created within each center that is separated by a physical barrier. All indoor health screenings will be completed in this area to minimize exposure risk and maintain confidentiality.
2. Each employee will be required to complete a health screening immediately upon entry at the PPE station, which will be conducted by the Center Director or the Back-Up Center Director. The screener must wear a mask and sanitize hands while completing each screening (*407.Subpart K.(C)(1)(c)*).
3. If non-contact thermometers are used, it will not require disinfecting after each use, but will be disinfected between users and at the end of each day (*407.Subpart K.(C)(3)(b)*).
4. The screening will consist of a temperature reading, taken with a touchless Thermoscan thermometer and a series of seven questions (CDC):
 - a. Do you have a fever (100.4°F or higher)?
 - b. Do you have a cough?
 - c. Are you experiencing shortness of breath?
 - d. Do you have a sore throat?
 - e. Are you experiencing head or muscle aches?
 - f. In the past 14 days, have you been in close proximity to anyone with the above symptoms or who tested positive for COVID-19?
 - g. In the past 14 days, have you traveled outside of the United States?
5. If an employee has a temperature above 100.4° F or answers yes to any of the seven questions, he or she will be sent home and referred to the local health department. If the employee uses public transportation, he or she will be placed in the established isolation area.
6. An employee suspected of having, diagnosed with, or exposed to COVID-19, will be excluded until documentation from the local health departments indicates a negative COVID-19 test and isolation and/or quarantine orders have been fulfilled.

7. The Center Director must record results on the Employee Health Screening Form (Appendix: F) and then enter all health screening data into a spreadsheet that is monitored by the HN Staff by 10 am each day.
8. In conjunction with the Health Consultant, the HNC will monitor the spreadsheet for patterns and compliance with the health screening procedure.
9. Employees may be rescreened during the course of the day if it appears that they are not well or experiencing any sign of respiratory illness, including, but not limited to: difficulty breathing, cough, or runny nose ((407.Subpart K.(C)(1)(c)).

II. Children

1. Children will be screened in the same manner as described in the Procedure (3)(I)(1-3) before being allowed entry to Head Start buses and/or facilities (407.Subpart K.(C)(1)(a).
2. The person receiving a child must conduct a visual assessment of the child for signs of illness (407.Subpart K(C)(2)(a)(iv)) which could include:
 - a. Flushed cheeks;
 - b. Rapid breathing or difficulty breathing (without recent physical activity);
 - c. Fatigue; and/or
 - d. Extreme Fussiness.
3. Additionally, the person receiving the child must ask the adult dropping off the child the following questions (CDC):
 - a. Do you have a fever (100.4°F or higher)?
 - b. Do you have a cough?
 - c. Are you experiencing shortness of breath?
 - d. Do you have a sore throat?
 - e. Are you experiencing head or muscle aches?
 - f. In the past 14 days, have you been in close proximity to anyone with the above symptoms or who tested positive for COVID-19?
 - g. In the past 14 days, have you traveled outside of the United States?
4. If the temperature is below 100.4° and the assessment shows no signs of illness, the child can enter the program space. The child must proceed to wash their hands before having any contact with other children or staff. Children may need additional support from staff to use good handwashing techniques. If soap, water and sink are not available in the immediate location, hand sanitizer may be used then followed by immediate handwashing in their classroom assigned bathroom:
 - a. CD-Blue, Yellow, Purple, Red- Blue Bathroom
 - b. CD-Orange, Green, Maroon- Orange Bathroom
 - c. MN- bathroom connected to classroom
 - d. JL- bathroom connected to classroom
 - e. MB- bathroom closest to classroom
5. For children receiving busing services, the Bus Monitor is responsible to screen each child.
6. For children dropped off at the center, the child will be screened before leaving the vehicle by the individual unloading children that morning and those results will be

documented on the Child Health Screening Form (Appendix F). That individual will submit the results in the Center Director's mailbox immediately after unloading has finished. The Center Director must review each day and contact any parent immediately who was denied entry to the bus to check on the child's health status.

7. If a child arrives late to school, the family will be received at the front entrance, and either the Center Director or Family or Community Service Worker will screen the child at the PPE station. If symptom free, the employee will take the child to the classroom and the parent will not access the building.
8. The Bus Monitor is responsible for recording the health screening results on the Child Health Screening Form (Appendix G) and depositing this form in the Center Director's mailbox upon return to the center.
9. If a child has a temperature above 100.4° F or the parent answers yes to any of the seven questions, he or she will be denied entry to the center or bus and be referred to the local health department.
10. A child suspected of having, diagnosed with, or exposed to COVID-19, will be excluded until documentation from the local health departments indicates a negative COVID-19 test and isolation and/or quarantine orders have been fulfilled.
11. Each classroom will increase their daily health checks from one time per day to two. These will be conducted at breakfast and snack.
 - a. This form is used to screen for visible symptoms of illness, such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue; and/or extreme fussiness. The results are to be recorded by the teacher directly into the online data management system—COPA—using established wellness codes (Appendix H). The Center Director is responsible for making two copies of daily health observation forms in COPA per classroom, and the forms are to be turned in to the Center Director at the end of the day each Thursday and Center Directors will submit these forms to HN Service area by 5 pm each Thursday.
 - b. If a teacher determines that a child appears ill, he or she will immediately contact the Center Director for additional symptom screening.
12. If a child has a temperature or symptoms associated with contagious disease, he or she will be immediately removed to the center's isolation area and the parent will be called to pick up the child. Isolation areas are located in the following spaces:
 - a. Carbondale: blue room summer 2020/parent room 20-21 school year
 - b. Marion: room 0123 summer 2020/parent room 20-21 school year
 - c. Murphysboro: Main office
 - d. JL: Center Director's office
13. The isolation area should be cleaned and sanitized after each use screened per the program's Cleaning and Sanitizing Schedule (Appendix I) and is limited to one child or staff member. If a situation indicates a need for multiple isolation areas, the Center Director should contact the HNC or Program Director immediately.
14. When sent home, the Teacher completes the Child Sent Home Sick Form.
15. The Center Director will contact the HNC for next steps.

16. Children's temperatures will also be taken by the Center Director or assigned staff before nap each day and recorded on the Child Health Screening Form (Appendix F). If above 100.4° F, the Center Director will remove the child from the classroom, following the same procedure as described in Procedure (3)(II)(10)(12).

III. Parents and other Essential Visitors

1. Parents and outside visitor access to Head Start facilities will be highly restricted (*407.Subpart K(C)(1)(d)*) on the basis of need. Parents and visitors who are necessary for the education, health, or safety of a child will be allowed into buildings.
2. Parents will be asked to use the drive-up pick up and drop off procedures described in Procedure 5: Enhanced Drop Off and Pick Up.
3. When parents and support staff do access the building, they will be required to wear a face mask and will not be allowed in classrooms (*407.Subpart K.(C)(1)(d)*).
4. Health screening will be similar to the process described for employees described in Procedure 3(I)(1)(2)(3), in which the Center Director or assigned office staff members will conduct the screening at the PPE station at entrance.
5. The only exception would be persons such as janitorial staff, who enter the building in the evenings. In this case, the janitorial staff will be required to complete self-screenings and record the results of these screenings. The Center Director would then collect these results each morning and enter into the health symptom tracker spread sheet.

IV. Confidentiality

1. The results of health screening conducted on employees, children, parents, or any other person are not to be shared with anyone other than the Health Services staff and the Program Director.
2. Documents containing health screening results should be stored in areas where they are not visible.
3. This includes "loose talk" between teachers and other staff members.
4. Each employee must sign a Confidentiality Agreement annually, and this will be strictly enforced.
5. If it is determined that a staff member has violated the confidentiality agreement, they will be disciplined per the University's progressive discipline protocol.

COVID POLICY AND PROCEDURE 4: Enhanced Napping Procedures

IMPLEMENTATION RESPONSIBILITY: Teachers

MONITORING RESPONSIBILITY: Center Directors

POLICY

During periods of pandemic or highly contagious disease, child cots will be placed six-feet apart during naptime to promote social distancing (*407.Subpart K(F)*).

PROCEDURE

1. Teachers must pre-plan and create a classroom map indicating where every child will sleep daily. A copy of this plan will be given to the Center Director and ECD service area for review and approval.
2. Teachers must intentionally place children at least six feet from one another and will also encourage children to sleep head to toe from one another.
3. If children cannot be placed six feet apart, teachers will use classroom furniture to create a barrier between children.
4. During naptime, children will not be required to wear masks, but must wear a mask when transitioning to the bathroom, at the end of nap, etc.
5. Staff will wear masks during naptime.
6. Bedding will be washed weekly and as needed in hot water temperatures at the center or through the laundry service.
7. No bedding from home will be allowed into the centers.
8. The Coaches will monitor nap time to ensure children are properly spaced. In the event that the physical environment inhibits proper spacing, the coach/es will work with the classroom teacher to adjust the environment to promote proper spacing (as much as possible) during naptime.
9. Cross-contamination of bedding will be prevented by:
 - a. Disinfecting of each cot by the support staff member after nap each Thursday.
 - b. Blankets will be folded and laid flat in child cots, that when cots are stacked, they are not touching each other.
 - c. Children will not be permitted to share bedding.

COVID POLICY AND PROCEDURE 5: Enhanced Drop Off and Pick Up

IMPLEMENTATION RESPONSIBILITY: Center Directors

MONITORING RESPONSIBILITY: Program Director

POLICY

In order to limit the number of individuals to which children and employees are exposed, a drive-up system of child drop off and pick up will be implemented at each center.

PROCEDURE

1. Prior to the opening of centers to children, Center Directors will submit a plan for drive up drop off and pick up of children to the Program Director for approval. This plan should include:
 - a. How children will be kept safe from other traffic
 - b. Which employees will be greeting and taking responsibility for children each day
 - c. Where parents will pull up and what system will be used to designate drop off zones.
 - d. How signage will effectively communicate drop-off and pick-up procedures (*407.Subpart K(A)(1)(b)*)
2. When parents drop off their child through the drive-up system, they are required to wear a mask at all times (*407.Subpart K(E)(3)*). Staff who interact with parents should refrain from any physical contact with parents such as hand shaking.
3. If someone other than the parent is dropping off the child, that individual should be able to answer the seven-question symptom checker described in the Daily Health Screening procedure.
4. Buses will be loaded and unloaded in a separate area of the grounds. Children boarding and de-boarding buses should try to maintain a six-foot distance, as feasible.
5. Because all children will be entering through the same main entrance, receiving staff should coordinate child entrance to the building, maintaining a six-foot distance between children.
6. If a child is dropped off or picked up outside the scheduled drive up times, the Center Director or designated office staff member should collect the child at the entrance and conduct the health screening as described in Procedure 3(II).
7. During times of pandemic, children are not required to be signed in and out by authorized adults. It is imperative, however, that the Center Director, Bus Monitor, and other staff who release children ensure that individuals who pick up children are authorized on the Emergency Data Form and that accurate names and times are recorded on sign in and out forms.

COVID POLICY AND PROCEDURE 6: Enhanced Hand Hygiene Procedures

IMPLEMENTATION RESPONSIBILITY: Classroom Teachers

MONITORING RESPONSIBILITY: Center Directors

POLICY

All employees are to be conscientious in adhering to the program's hand hygiene policy and procedure. To prevent the spread of COVID-19, additional measures may be taken, such as the use of hand sanitizer until instructed otherwise.

PROCEDURE

1. Children must clean their hands according to DCFS guidelines, at the following times:
 - a. Upon arrival at the center
 - b. Before and after each meal
 - c. After using the toilet or having diaper/pull up changed
 - d. After handling of any animal
 - e. After wiping or blowing nose
 - f. After touching soiled items (blood, saliva, urine, feces, vomit)
 - g. Before and after any cooking or nutrition activity
 - h. After playing outdoors
 - i. Before and after engaging in water play at the sensory table
 - j. After engaging in sand at the sensory table/sandbox
2. Employees must clean their hands according to CDC guidelines, at the following times:
 - a. Upon arrival at the center
 - b. After using the bathroom
 - c. After helping a child with toileting
 - d. After wiping or blowing nose
 - e. After touching soiled items (blood, saliva, urine, feces, vomit)
 - f. After handling of any animal
 - g. After caring for a sick child
 - h. Before and after eating or drinking
 - i. Before serving food
 - j. Before and after dispensing medication
 - k. Before and after administering first aid
 - l. When changing rooms or caring for a different group of children
3. Hand Washing Procedure with accommodations
 - a. The staff member who is supervising the child while hand washing will provide verbal and (if needed) hand over hand assistance to ensure proper handwashing techniques.
 - b. If hand over hand support is needed, the staff member will hold the child's upper forearms and assist with proper handwashing. This physical support will accompany verbal instructions from the adult.

- c. The adult and child will not share the running water at any time during this support.
 - d. After assisting the child with handwashing, the adult will wash their hands.
- 4. Each classroom should be equipped with a pump bottle of hand sanitizer and kept out of the reach of children. Teachers may pump the hand sanitizer directly into the hands of children. Children should never apply hand sanitizer themselves and must be monitored during the application so that hand sanitizer is not ingested. Hand sanitizer is not an acceptable substitute for soap and running water. (407.Subpart K(J)(1))
- 5. Additionally, a pump bottle of hand sanitizer will be mounted outside each classroom, well out of the reach of children, for employees entering the classroom.

COVID POLICY AND PROCEDURE 7:	Environmental Safety
IMPLEMENTATION RESPONSIBILITY:	Center Directors
MONITORING RESPONSIBILITY:	HNC

POLICY

Classroom and office environments must be modified, cleaned, and sanitized to prevent the transmission of COVID-19 (*407.Subpart K(G)*).

PROCEDURE

I. Classroom Cleaning

1. Prior to opening the center, education service staff must remove all soft plush toys and furniture that can harbor germs and cannot be readily cleaned, including but not limited to (*407.Subpart K(G)(4)*):
 - a. Pillows
 - b. Puppets
 - c. Soft baby dolls
 - d. Dress up clothes
 - e. Colored bags
 - f. Soft foods
 - g. Carpets/rugs
2. High touch surfaces including doorknobs, toys and other frequently handled items will be sanitized every hour and as needed per the Cleaning and Sanitizing Schedule in Attachment H (*407.Subpart K(G)(1)*).
3. Daily cleaning and sanitizing will occur per the program's the Cleaning and Sanitizing Schedule (*407.Subpart K(G)(2)*).
4. Under no circumstances will the children participate in cleaning and/or sanitizing materials. Staff will solely be responsible for cleaning and sanitizing materials and high touch surfaces. This cleaning and sanitation will be completed at distance from children and not during active classroom time.
5. Each classroom will have a designated box for materials that have been mouthed and require sanitation. Materials will be sanitized at naptime or end of day and returned for child use.

II. Classroom Practices

1. Parents will be encouraged to send an extra set of clothing (including shoes) to leave in the classroom. If an extra pair of shoes is provided, shoes will be changed upon arrival and changed back upon departure. These clothes will be stored in individual closed containers in the classroom cubby shelf.
2. Sand and water tables and easel will be removed from classroom (*407.Subpart K(F)*).
3. Centers will have restrictions and practices in place to contain disease transmission including the following:

- a. Individual art pouches and supplies will be purchased for each child's individual use. Art will be completed at a horseshoe table, which will be sanitized after use.
 - b. Tablets and smart boards will be used individually and sanitized after each use. Headphones will not be used during this time.
 - c. The listening center will not be used at this time due to cross contamination with headphones.
 - d. Children's hands will be sanitized or washed before using books in the classroom.
 - e. The number of children permitted to play at each center is two.
 - f. Extra chairs will be removed from the room to promote social distancing.
 - g. Materials in general will be limited to promote social distancing but still will comply with DCFS standards.
 - h. Only washable items will be available in dramatic play, and no dress up clothes will be available.
4. Activities and lessons previously occurring during large group time will instead occur in small groups or individually during Choice Time and/or a scheduled Small Group Time. Staff will keep children distanced as much as possible during small group activities.

III. Facilities

1. Signs demonstrating ways to prevent the spread of COVID are to be posted in bathrooms, building entrances, in classroom, kitchen, etc. Signs should be posted both for adults and in child-friendly pictures that are easy to understand.
2. Door knobs, sink faucets, desk tops and other high-touch areas must be disinfected per the Cleaning and Sanitizing Schedule (*407.Subpart K(G)(1)*).
3. Staff will limit lines and wait times as much as possible for bathroom use, handwashing, and transitions to/from the playground and bus. Other center staff will be utilized when possible to help keep children distanced during transitions, and to help reduce wait time during meal prep/set up, arrival, and/or departure times.
4. In double-session classrooms, the entire room must be sanitized with an electrostatic spray sanitizer between sessions.

COVID POLICY AND PROCEDURE 8:	Gross Motor Activities
IMPLEMENTATION RESPONSIBILITY:	Center Directors
MONITORING RESPONSIBILITY:	Education Coordinator

POLICY

SIU Carbondale Head Start must have additional measures in place to ensure a safe outdoor space for children, staff, and visitors during times of pandemic.

PROCEDURE

1. Only one classroom at a time may use the outdoor playground space (or gym in Carbondale) at one time (*407.Subpart K(B)(1)(b)*).
2. Each classroom will be scheduled for 30 minutes of gross motor activity. Fifteen additional minutes have been added to each gross motor time allotment to allow for equipment sanitization between groups (*407.Subpart K(G)(1)*).
3. In order to maximize space and time for gross motor activities, centers will utilize the following spaces.
 - a. Carbondale classrooms will use both the outside playground and gym to maximize gross motor time and space.
 - b. Marion classrooms will use both outside playgrounds to maximize gross motor time and space.
 - c. Murphysboro classrooms will use attached playground, and no more than one classroom may be in that space.
 - d. John A. Logan only has two classrooms, neither of which will use the playground simultaneously.
4. Each gross motor area will have a cart of available classroom materials. Teachers will select one or two materials from the cart to provide to the children during their gross motor time. After gross motor time, but prior to leaving the area, teachers will sanitize all gross motor materials with sanitizing spray and leave to air dry (*407.Subpart K(G)(2)*).
5. Water/Sand Tables and Outdoor Sandboxes will not be used (*407.Subpart K(F)*).

COVID POLICY AND PROCEDURE 9:	Communication
IMPLEMENTATION RESPONSIBILITY:	Center Directors
MONITORING RESPONSIBILITY:	Program Director

POLICY

In times of pandemic and as guided by OHS, DCFS, the University, and local health departments, SIU Carbondale Head Start will establish an enhanced communication plan to ensure that parents and staff receive timely delivery of pertinent information such as possible exposure to or a diagnosed case at facilities of highly contagious diseases and closure and reopening information (407.Subpart K(A)(d)).

PROCEDURE

1. In the instance that a child or staff member is exposed to or tests positive for COVID-19, the Emergency Communication Plan (Appendix J) directs what is shared, who shares, who receives, when, and how, so that all staff and families are aware of this development and can take appropriate measures to safeguard their health.
2. The Re-opening plan, which includes the Communication Plan, will be shared with parents prior to child enrollment at the center in a variety of ways:
 - a. A paper copy of the entire plan will be posted on the department’s web and Facebook pages.
 - b. An overview of the plan will be printed and mailed to the families with instructions for accessing the document on line.
 - c. A link to the plan will be sent out through ClassTag to every parent’s cell phone.
 - d. It is the responsibility of the Center Directors and Family and Community Service Workers to connect with the families via telephone or one-on-one (while practicing social distance rules) to conduct an orientation to the summer session, which will mainly focus on the re-opening plan and the precautions in place to protect children, families, and staff.
3. A stipulation of enrollment is submitting a signed enrollment agreement (Appendix K) which indicates parental agreement to share any possible exposure or diagnosis of COVID-19. The FCSW’s will then case note in COPA and track that each family has been contacted and that all agreements have been reviewed and signed with all parents/legal guardians.
4. Staff will receive an advance paper copy of the plan before reporting for work. On the first four days of return to work, each staff member will receive training pertaining to their role in the program on the expected and proper implementation of re-opening procedures as detailed in COVID Policy and Procedure 13: Training.

COVID POLICY AND PROCEDURE 10:	Enhanced Transportation Services
IMPLEMENTATION RESPONSIBILITY:	Center Directors
MONITORING RESPONSIBILITY:	Program Director

POLICY

Under guidance provided by Office of Head Start, the CDC, and Illinois Department of Transportation, additional safety measures will be taken in the transportation of Head Start children. These include the use of social distancing and PPE in addition to increased cleaning and sanitizing.

PROCEDURE

I. Use of PPE

1. All Bus Drivers and Bus Monitors are required to wear a mask that covers both mouth and nose at all times while in in the building or on the bus. SIU Carbondale Head Start will provide these masks for all employees. Bus Driver and Monitor masks will be located in the Center Director’s office.
2. Bus Monitors will also be required to wear gloves will receiving the children. If the gloves become contaminated for any reason, the soiled pair should be disposed of in the bus trash can and replaced with a new pair. A box of size-appropriate gloves will be on the bus. If more gloves are needed, it is the Bus Driver’s responsibility to inform the Center Director before the supply is depleted.
3. Bus Monitors are required to wear an official SIU Carbondale Head Start smock. This smock should be hung in the Parent Room/Supply Room on the employee’s designated hook when not in use. Bus Monitors shall put the smock on before the bus route and hang up immediately after. The Center Director will oversee laundering of the smocks two times per week.
4. Bus Monitors should carry a small bottle of hand sanitizer in their smocks. This can be used as needed. If a child sneezes or coughs on his or her hands, the Bus Monitor should apply hand sanitizer to the child’s hands and supervise the application. Under no circumstance should a child apply hand sanitizer independently.

II. Screening and Pick-Up

1. Before you enter the bus, the Center Director will perform an Employee Health Screening as described in COVID Policy and Procedure 3.I. If the Center Director is not present, the bus driver and monitor should screen each other at the PPE station by the main entrance of the facility. If either employee does not pass the screening, they will be sent home for the day and referred to the local health department.
2. Before accepting a child on the bus, the bus monitor must greet the parent and child directly outside the door of the bus. The parent and child must also be wearing masks. If the child is not wearing a mask, you may provide one and receive the child. If the parent is not wearing a mask, you may politely ask the parent to wear one. If the parent refuses,

be sure to stay six-feet apart when engaging with him or her and inform the Center Director of the parent's refusal when you return.

3. The Bus Monitor is then to perform a health screening as described in COVID Policy and Procedure 3(II)(4), which includes a temperature check and five-questions health screening:
 - a. In the past 10 days, including today, has the child shown symptoms of acute respiratory illness (e.g., acute cough, shortness of breath, sore throat)?
 - b. Including today, has your child had a fever $> 100^{\circ}$ F or symptoms of a fever such as chills, muscle aches, and/or weakness?
 - c. Has your child been in close contact (household or intimate) with an individual with undiagnosed fever and/or acute respiratory symptoms (cough, shortness of breath) in the past 14 days?
 - d. Has your child had close contact with an individual diagnosed (lab or clinical) with COVID-19 in the past 14 days?
 - e. Has your child or anyone close to your child had a headache, sore throat, or new loss of taste or smell?
4. The results of the health screenings are to be recorded on the Child Health Screening Form (Appendix G) and deposited in the Center Director's mailbox immediately upon arriving at the center. Child health screening information is not to be discussed or shared with any individual other than the Center Director. The program will strictly enforce confidentiality requirements.
5. If the child is fever-free and the parent/responsible adult answers no to the symptom checker questions, the child may board the bus.
6. If the child has a temperature above 100.4° or reports symptoms, you may not accept the child on the bus. If the temperature is above 100.4° , you may scan the child again to be sure that the first reading was accurate. If the second scan is different from the first scan, a third scan may be taken and the most reliable temperature will be used and recorded.
7. If a parent is upset because a child cannot board the bus, the Bus Driver should radio the center and have the Center Director or Family and Community Worker on radio duty call the parent to explain why the precautions must be taken. Under no circumstance should a child who has a fever or symptoms of illness be allowed to board the bus.
8. The parent does need to sign in the child, but you must clearly document on the sign in sheet who brought the child to the bus and what time you received the child. These sign in forms are due to the Center Director by Thursday at 6:00 pm weekly.

III. Social Distancing

1. Parents are never allowed to board the bus, with or without masks. If a child is reluctant to board the bus or separate from the parent, do the best you can to be patient with the child, and reassure the parent that the child will be well taken care of.
2. The Bus Monitor may leave the bus to collect the child and assist the child onto the bus.
3. Children should have assigned seats, one child per seat. When assigning seats on the bus, the children should be seated by classroom whenever possible.

4. When loading children at pick-up points, load the children by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are already seated on the bus.
5. When unloading children at drop-off points, unload children by classroom, being intentional to avoid direct contact with other children (from different classrooms) who are seated on the bus. Remember to space the children by six-feet when unbuckling and allowing them to de-board the bus.

IV. Illness on Bus

1. If a child clears the health screening, but then becomes ill on the bus, the Bus Monitor should first calm the child.
2. The Bus Driver should immediately radio to the center the first name and last initial of the child and the nature of the illness for further direction. Neither the Bus Driver nor Monitor should act to return the child home without consulting the Center Director.
 - a. Upon approval from the Center Director, the bus driver may return the child to their home.
 - b. If the decision is made to bring the child to the center, the Center Director or FCSW monitoring the radio should immediately call the parent to pick up the child.
 - c. If the parent does not arrive before the bus, the child must be immediately moved to the isolation area (with appropriate staff supervision) until the parent arrives.
3. If the child has vomited or experienced diarrhea, the Bus Monitor should make sure children are not exposed to the substance. The Bus Monitor, wearing gloves, should clean up the child and surrounding area using the program's established Universal Precautions protocol. Items such as vomit absorb, cleaning solution, and paper towels should be kept in the storage compartment of the bus.
4. Refuse from cleaning should be wrapped in a plastic bag and deposited in the bus trash can along with the gloves worn to clean up. Any non-disposable items handled during the cleanup (i.e. spray bottles, containers), should be wiped with a disinfecting wipe and returned to locked storage.

V. Cleaning and Disinfecting

1. After each route, the Bus Driver and Monitor are to spray each seat with the disinfectant spray provided by the program (SuperHQ). This must be allowed to sit on the seats for 10 minutes and be wiped off with paper towels by the Bus Monitor and/or Bus Driver. After the first morning and evening routes, the solution can sit for 10 minutes while the driver is en route to pick up the first child on the next route, but it is required that all solution is wiped off before a child boards the bus. Then the Bus Driver and Monitor should use paper towels to wipe off each seat.
2. High touch areas, such as the child hand rail, bus controls, knobs, etc., should be cleaned with a disinfecting wipe.

3. While the disinfectant is sitting, the Bus Driver and Monitor should spray a light mist of disinfecting spray on each seat belt. This should not be enough to overly dampen the belt.
4. The Bus Monitor must pick up any trash and deposit in the bus trashcan.
5. Finally, the Bus Monitor should empty the trashcan after each route.

COVID POLICY AND PROCEDURE 11:	Enhanced Meal Time Practices
IMPLEMENTATION RESPONSIBILITY:	Center Directors
MONITORING RESPONSIBILITY:	HNC

POLICY

During times of health pandemic, SIU Carbondale Head Start will suspend its family-style meal procedures and put additional mealtime precaution measures in place to prevent the transmission of communicable disease.

PROCEDURE

1. Meals will be placed on trays and covered by kitchen staff and will be sent to their classrooms on sanitized carts.
2. Meals will be served in the classrooms per each room schedule.
3. A cook or assistant bring the meal cart to the classroom door and knock to indicate that the food has arrived.
4. Using gloves, a classroom teacher or support staff will retrieve the food cart
5. Teachers will sit at their designated horse shoe table that has been cleaned and sanitized with sanitizing bleach solution per the program’s sanitization procedure with their designated five children.
6. Children must be spaced out every other space to ensure social distancing.
7. Teachers will distribute trays and silverware, cups, plate, napkins with gloves. Kitchen staff will also distribute four additional plates per classroom for children that request seconds.
8. After distributing these materials, the teacher will remove gloves and sanitize their hands.
9. Teachers and children will eat together and engage in conversation, per the program’s established procedure.
10. Children will scrape per the program’s established procedure.
11. When the meal is finished, a teacher will place the cart outside of the classroom and cooks will pick up carts and take back to the kitchen for cleaning and sanitizing.
12. Meal attendance will be conducted per the program’s current procedures, on the classroom i-pad. Only one teacher should input meal attendance and sanitize i-Pad with a disinfecting wipe after use.
13. After meal time, teachers will instruct children to swish with water (no toothbrushing) to assist with oral health care. This will be monitored by the Coaches and the Center Director.

COVID POLICY AND PROCEDURE 12:	Training
IMPLEMENTATION RESPONSIBILITY:	Professional Development Specialist
MONITORING RESPONSIBILITY:	Education Coordinator

POLICY

SIU Carbondale Head Start will ensure that all staff are trained in the appropriate implementation of procedures to ensure that children, families, and staff are implanting enhanced safety practices reliably and as intended.

PROCEDURE

1. Immediately upon return to work and before children attend, the Health and Nutrition Coordinator will provide training on the implementation of PPE practices and appropriate use of devices with employees in small groups with appropriate social distancing measures in place (*407.Subpart K.(b)(4)*). A Training Schedule (Attachment L) lists all training that will be provided to employees before any interaction with children and families occurs.
2. Child development administrative staff will train classroom teachers how to appropriately execute new procedures such as nap time, meal time, playground usage, the cohort model.
3. A significant concern for staff and parents will be the requirement for children to wear masks. Child development staff will encourage teachers will act as role models and demonstrate for the children the appropriate use of PPE and while also exercising patience and compassion in the struggle many children are likely to experience. Children will not be punished or reprimanded for removing PPE.
4. Employees whose First Aid/CPR certification expired during the pandemic and recovery process will complete an online certification prior to returning to work with children (*407.Subpart K(e)*). The Professional Development Specialist will support staff in completion of this certification and monitor completion per the Training Schedule (Attachment L).

COVID POLICY AND PROCEDURE 13:	Working in Administrative Offices
IMPLEMENTATION RESPONSIBILITY:	Administrative Aide
MONITORING RESPONSIBILITY:	Program Director

POLICY

During COVID-19 or other periods of pandemic disease which forces closure of facilities, employees may return to on-site work as directed by the University, with the number of hours scheduled for on-site work dependent on the nature of each employee’s duties and location of assigned work area. In conjunction with the re-opening of two of the program’s centers, administrative employees will return to onsite work beginning on July 1, 2020.

PROCEDURE

I. Social Distancing and PPE

1. The administration office has been divided into five distinct “areas.” An area is defined as a work space with a door or doors that close off a room from other spaces. Employees should not enter other areas unless necessary. The areas established as part of this plan include:
 - a. AREA 1: Director’s Office
 - b. AREA 2: HR/Fiscal
 - c. AREA 3: Reception and Mailbox Area
 - d. AREA 4: ECD Service Area Staff
 - e. AREA 5: HNC and FCP Service Area Staff
2. All employees must wear face masks when in Head Start facilities as directed in Procedure 1(II).
3. Employees should use disposable gloves while operating shared equipment such as the copy machine, microwave, and refrigerator. Gloves will be accessible in each area and the break room. Other individuals who enter the facility (i.e. center employees, delivery service, parents) must wear a mask at all times.
4. Employees are required to keep a minimum of a six-foot distance between each other or any individual entering the building. Social distancing must be practiced at all times with no exceptions, including entering the building and lunch breaks. All employees must enter through the main entrance of the administrative building.
5. The main entrance of the administration building will remain locked, and a camera and buzzer system will be installed to control the number of individuals in the building. Access to the building by families and other individuals not employed in the admin building should be limited. Secure document drop boxes are being installed at each center for the purposes of collecting documents that would otherwise be dropped off by parents.
6. Copying and printing should only be done at the printer in each area. Items requiring printing on the Riso should be emailed to the Office Support Assistant, who will leave the copies by the mailboxes when complete. Mail is to be checked upon arrival to work and

at one other time throughout the day. Be sure that no more than one person is at the mailboxes at any time.

7. Meetings of more than two individuals should be conducted via a web-based or telephone meeting platform.
8. Enrollments should be conducted via telephone or zoom as possible.

II. Daily health checks

1. Employees who do not feel well should not report for work. It is each employee's responsibility to promptly inform his or her supervisor (night before or before expected report time) of illness. It is the supervisor's responsibility to inform Laura Duckworth, the Health and Nutrition Coordinator, of all employee illness-related absences.
2. Upon arrival at the administrative building, each employee will be screened by the Administrative Aide or Office Support Assistant at main entrance PPE station. This screening includes a temperature check conducted with a touchless Thermoscan thermometer and the seven-question symptom checker described in Procedure 3(I)(3). If the first employee on site or no one is available, the individual may perform a self-check and emailing these results to the Health and Nutrition Coordinator.
3. If temperature is over 100.4 or if symptoms are present, the employee may not enter the facility and will be referred to the local health department.
4. If an employee becomes ill after reporting to work, he or she must leave immediately and report the illness to Laura Duckworth via telephone the same day.

III. Sanitizing and Disinfecting

1. The Health and Nutrition Coordinator will supply each employee with a personal bottle of hand sanitizer, which is to be kept at desk and refilled as needed. Each area will have a larger bottle of sanitizer available from which employees may obtain refills.
2. Each employee will also receive a spray bottle of sanitizing solution and paper towels (with written instructions) for the purposes of wiping down his or her work area at the end of each on-site work day per the Cleaning and Sanitizing Plan (Appendix H). This should include the telephone, desk top, key board, and any other high-touch areas.
3. Disinfecting wipes are also available upon request. Individuals working in an area must sanitize all door knobs, shared equipment, and other high touch areas before leaving each day and indicate on Personal Disinfecting Log (Appendix L) that this has been done. These logs are to be submitted to Laura Duckworth weekly.

IV. Travel and Meetings

1. Travel is strongly discouraged during this time period, and outside travel in University-owned or personal vehicles for work purposes must be pre-approved by each employee's supervisor.
2. After traveling in a University-owned vehicle, the vehicle must clean and disinfect per the Cleaning and Sanitizing Schedule (Appendix I).
3. As indicated earlier, meetings of more than two people should be conducted via a web-based or telephone platform, and employees should not attend in-person meeting hosted by another entity

COVID POLICY AND PROCEDURE 14:	Child Attendance
IMPLEMENTATION RESPONSIBILITY:	Center Director
MONITORING RESPONSIBILITY:	Enrollment Specialist

POLICY

In order to both promote the school readiness of Head Start children and to provide the maximum number of eligible children services, SIU Carbondale Head Start will implement a mechanism to address chronic absence issues and transition children from center-based and fully-remote to the waiting list as necessary. To receive the greatest possible benefit, children are expected to attend every day that they are illness free.

PROCEDURE

1. As a condition of enrollment, families will be required to sign the learning agreement, which specifies that the child must be in attendance (either remotely or in person) every day that he or she is illness free.
2. For center-based children, the attendance process will remain the same, with attendance taken as the first meal is served to the child.
3. Teachers are responsible to document attendance in COPA. For the purposed of remote learning, “attendance” is defined as:
 - a. Posting a comment in regards to an activity after completion
 - b. Participating in a live learning session
 - c. Sending child feedback to school along with signed in-kind (paper packet learning)
4. Attendance for children who are participating in remote learning via technology should be entered daily, preferably by 4 pm. For children completing remote learning via paper packets, attendance for center-based should be entered by noon the day following the children’s return and by Tuesday at noon for fully-remote children
5. Remote children’s attendance should be marked as follows in COPA:

Condition	B	L	S	A	RA
Food Provided, No Remote Attendance	X	X	X	X	
Food Provided, Remote Attendance	X	X	X	X	X
No Food Provided, No Remote Attendance					
No Food Provided, Remote Attendance				X	X

6. The Enrollment Specialist is responsible for monitoring child attendance patterns, and the Health and Nutrition Coordinator is responsible for monitoring accuracy of meal counts.
7. If a center-based child’s attendance drops below 70% or the child misses four or more consecutive days of school without contacting the center, the Family and Community Worker (FCSW) must contact the parent and complete an Attendance Improvement Plan. This plan will identify barriers to child attendance and mutually agreed upon solutions.

Child attendance will be re-evaluated in two weeks. Parents must be advised at this time that continued absenteeism may result in the child being transferred to the wait list.

8. If a fully-remote child's record indicates no engagement for four consecutive days or a pattern in which the child has not engaged for more than 70% of the remote learning days, the same process of attendance plan creation as described above will be implemented.
9. If it is determined that attendance has improved, the attendance should continue to be monitored by the Enrollment Specialist and the assigned FCSW.
10. If the attendance plan is unsuccessful and the child's attendance meets one of the following criteria, her or she may be transitioned to the waitlist:
 - a) Attendance remains below 70%.
 - b) The child has missed more than a total of 16 days.
11. The Center Director must submit the request to the Enrollment Specialist for processing and approval and then notify the parent if approved.
12. Every effort should be made to work with the family to address the attendance issues and place the student in a class as space becomes available.
13. Completion of remote learning attendance will be completed by the classroom teacher. Remote learning should be completed in COPA within 5 school days or by the last school day of the month. Teachers will review and update/complete COPA attendance 2-3 times per day for past and present parent engagement.

COVID POLICY AND PROCEDURE 15:	Meal Service
IMPLEMENTATION RESPONSIBILITY:	Center Director
MONITORING RESPONSIBILITY:	Health and Nutrition Coordinator

POLICY

As part of comprehensive services to its enrolled families, SIU Carbondale Head Start will provide healthy, nutritious meals for all enrolled families per DCFS and Child and Adult Care Food Program (CACFP) recommendations and regulations.

PROCEDURE

I. Center-Based Option

1. Children attending Tuesday through Friday will receive meals and snacks while attending the center per the established meal service delivery plan. Full-day children will receive breakfast, lunch and snack; part-day morning children breakfast and snack; and part-day afternoon children lunch and snack.
2. On Fridays, prepared meals (one breakfast, lunch, and snack) will be sent home with each child on bus routes or at center pick up for the following Monday’s remote learning day.
3. These meals and snacks will be in a single lunch sack and are intended for the enrolled Head Start child.
4. Center support staff (Bus Drivers, Bus Monitors, and floating CCAs) will prepare and package meals each Friday morning in conjunction with kitchen staff.
5. For children receiving transportation services, meals will be placed on the bus and distributed to each when the child is released from the bus.
6. To verify that the meal has been distributed, the Bus Driver will complete the Remote Menu Tracking Sheet (Appendix N).
 - a. On this form, the Bus Driver will fill out the child’s name, mark Y/N that the child received 1 breakfast, 1 lunch, and 1 snack, and initial to certify that meals were given to the child.
 - b. At the end of their bus route, the Bus Driver will turn in the Remote Menu Tracking Sheet (Friday Route) to their Center Director.
 - c. The Center Director should then determine what staff person will be entering these meals/snacks into the COPA database system.
 - d. Once staff have recorded these meals into COPA, staff will initial on the last column of tracking form and will send this document to the Health and Nutrition Service Area staff.
7. Staff should keep some meals/snacks back at the center for children that are picked up by parent, so that they can distribute one to them when the parent comes to pick up the child.
8. Staff will follow the Remote Learning Weekly Menu.
9. Parents should tend to the food as soon as the child is received from the bus or center; most items sent home will be non-perishable, but milk will be included and will need to be immediately refrigerated.

10. While most items are non-perishable, food and milk will be kept in insulated cooler bags on the bus to ensure that food and milk can be kept at a safe temperature.
11. While it is ideal to modify our in-person menus to accommodate food allergies as much as possible, during our remote learning days we will be providing a meal/snack that may contain allergens. Staff need to emphasize with parents to read labels.

II. Fully-Remote Option.

1. The Parent/Consent Form will be sent to families that select the delivery option for food in accordance to the ISBE/CACFP Regulations. On this form parents can select whether they prefer their child's meals delivered or if they would like to come to the center between the hours of 1-4pm to pick up their child's meals and snacks for that week.
2. Every Monday morning, support staff will prepare meals and snacks for the remote only children that have requested to receive meals.
3. For delivery service, children will receive five days of breakfast, snack, and lunch items delivered by Head Start transportation staff at a mutually agreed spot at the child's home starting at 1 pm each Monday and continue up to 4 pm if needed.
4. While most items are non-perishable, food and milk will be kept in insulated cooler bags on the bus to ensure that food and milk can be kept at a safe temperature. While delivering this mass number of meals/snacks for families, these items will be placed in large brown sacks with handles so that everything will be all in one bag.
5. Parents should tend to the food as soon as it is received from the bus delivery or center; most items sent home will be non-perishable, but milk will be included and will need to be immediately refrigerated.
6. On the Remote Menu Tracking Sheet, the Bus Driver will fill out the child's name and certify that five breakfasts, lunches, and 5 snacks were delivered to the home.
7. For those performing pick up meals at the center, the food should be loaded into the back seat or trunk of the car with as little contact with the parent(s) made as possible. The Remote Menu Tracking Sheet would also need to be completed .
8. At the end of meal delivery, staff distributing food must submit the Remote Menu Tracking Sheet to their Center Director.
9. The Center Director should then determine what staff person will be entering these meals/snacks into the COPA database system.
10. Once staff have recorded these meals into COPA, staff will initial on the last column of tracking form and will send this document to the Health and Nutrition Service Area staff.
11. While it is ideal to modify our in-person menus to accommodate food allergies as much as possible, during our remote learning days we will be providing a meals/snacks that may contain allergens. Staff need to emphasize with parents to read labels.

COVID POLICY AND PROCEDURE 16:	Remote Curriculum Planning and Implementation
IMPLEMENTATION RESPONSIBILITY:	Center Director
MONITORING RESPONSIBILITY:	Health and Nutrition Coordinator

POLICY

When remote learning is required due to pandemic disease or family need, learning must be guided by the program’s research-based curriculum—Creative Curriculum (6th Ed). Child development staff must adapt the activities for a remote context and support families in engaging and applying the content presented.

PROCEDURE

I. Planning

1. The Education Coordinator will By 8 am of the first working day of the week, teachers assigned to the fully-remote option, must have the weekly lesson plan posted on ClassTag.

Monitoring of Curriculum Implementation:

- Children enrolled in center-based sessions will be monitored and supported by the Child Development Mentor and Professional Development Specialist.
 - Child Development Mentor- Carbondale, Murphysboro, and Logan
 - Professional Development Specialist- Marion
 - Both will check in on status of current week on Mondays and on next week on Fridays
 - Review lesson plan (both remote and on-site)
 - Follow up on any materials needed for home implementation
 - Provide feedback and suggestions for moving forward
 - All direct/indirect coaching/support will be documented in each staff member’s coaching log
- Children enrolled in remote learning sessions- Child Development Coordinator
 - Check in on status of current week on Mondays/Wednesday and on next week on Fridays
 - Review lesson plan

- Follow up on any materials need for home implementation
- Provide feedback and suggestions for moving forward
 - All direct/indirect coaching/support will be documented in each staff member’s coaching log

COVID POLICY AND PROCEDURE 17: Home Visits and Parent/Teacher Conferences

IMPLEMENTATION RESPONSIBILITY: Center Director

MONITORING RESPONSIBILITY: Health and Nutrition Coordinator

POLICY

SIU Carbondale Head Start staff will not be required to complete in-person visits with parents either in the center or family homes during periods of pandemic disease. For a period specified by the Program Director, these required events may be conducted virtually or via telephone.

PROCEDURE

1. Teachers will contact parents before the start of child attendance via telephone or video conference. It may be beneficial to text the parent to determine the best time and method to contact so that they are prepared.
 - a. Center-based teachers will use center phones to make calls
 - b. Fully-remote teachers will be issued cell phones
2. These contacts should be made before the child begins in-person or remote attendance. If the teacher is unable after repeated attempts to contact the family or the family is unwilling to participate, she or he should inform the Center Director, who is to provide guidance.
3. All parent contacts must be documented in COPA.

Parent Contacts:

The initial home visit this fall will be completed remotely via phone call or video conference.

Dates for contacts? Due date for parent contact documentation? Should these contacts be documented in COPA?

How/where will teachers contact parents and maintain confidentiality? Use of devices (phone, computer, etc) to complete calls? Will remote teachers be expected to use their personal phone to contact parents?

Monitoring

Tasks:

Complete initial parent contact

Complete All About Me with family (as needed)

Review expectations of transitioning into program

Discuss program COVID 19 Precautions/Procedures

Review ClassTag and sign parent up to digital classroom

Discuss school readiness and identify individualization goals

How are we going to individualize instruction remotely?

Should there be a "school readiness" activity each day that aligns to child goals?

Discuss developmental screening procedure

On-site sessions- complete _____

Remote only- discuss expectations of remote screenings

Discuss IEP services and individualization (as needed)

Discuss upcoming program events

Discuss any concerns or questions the parent may have

Should there be a separate remote learning contact form?

For the initial visit

For subsequent parent contacts

Weekly?

Bi-weekly?

How will these contacts be documented? COPA?

Script for contacts?

Status of remote learning?

Progress with activities?

Resources/materials needed?